

Leading with Reason and Compassion

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In ancient Athens, citizens gathered in forums to discuss and debate the most pressing issues of the day before casting their votes. Such debates were an integral part of the new form of government Athens was to bequeath to the world: democracy.

Unlike totalitarian and other undemocratic regimes where a limited set of ideas are imposed as absolute truths, democratic societies depend upon the free and open exchange of ideas. Indeed, it may be said that true democracy cannot exist without debate. For democracy to function, the values that debate encourages – reason, tolerance, the careful weighing of evidence – must be cherished and nurtured.

from International Debate Education Association

Today it's okay to...

- ↑ talk about the evidence in favor of your point
- ↑ be friendly, dignified, gracious
- ↑ use a person's name and title to show respect
- ↑ ask questions to help the person explore his or her beliefs
- ↑ listen attentively
- ↑ say "I do not agree" or "Let's not go there"
- ↑ keep the discussion safe – nobody gets hurt
- ↑ try to help the other person understand you even if he or she does not agree with you
- ↑ give it time (a person's mind usually changes over a period of months, not minutes)

Today it's not okay to...

- ↓ call names, sneer
- ↓ be forceful, aggressive, or criticize
- ↓ show disrespect, contempt, or condemnation



Deal with another as you'd have
Another deal with you;
What you're unwilling to receive
Be sure you'd never do.

from The New England Primer

More Tips

When you want someone to change their mind about something, the instinct is to tell them everything you think. Instead, listen to everything they think to determine what they care about and then start the conversation there.

Remember that listening is not the same as agreeing. Listening is a way of showing respect and building a road to walk on together. It sets the tone for mutual conversation rather than a shouting match.

Listen attentively – really show that you are listening by

1. not talking until the person stops
2. clarifying or restating some of what was said
3. asking questions to understand

Try saying, "I'm glad you mentioned this. You gave us the chance to talk about something important!"

Consider the person's conversational style when you appeal to evidence and logic. If the person is practical and to-the-point, prepare ahead of time so you can speak briefly and convincingly. If the person is passionate, focus on human stories, and balance this "personal" approach with respect, dignity, and professionalism.

Evidence for the Necessity of Providing Language Services in Health Care Settings

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The citations below are an abridged “cheat-sheet” version of a *referenced* 17-page companion document, “**How to Appeal to the Evidence When Justifying Language Services.**”

ARGUMENT #1: “They should learn English.”

Counter-arguments:

- No one learns a new language overnight.
- Health emergencies occur 24/7, regardless of length of stay in the U.S.
- Nearly 55 million U.S. residents speak a language other than English at home. Close to half (24 million) are limited-English proficient. (U.S. Census Bureau)
- More than 300 languages are spoken in the U.S.
- It takes several years (perhaps four to seven) to become proficient in another language
- Most immigrants are eager to learn English and do, but there are obstacles. They may:
 - ◆ Lack transportation to English classes, or child or elder care while in class.
 - ◆ Work two to three jobs.
 - ◆ Be on long waiting lists for classes, e.g. 17,000 for one program in Massachusetts
 - ◆ Have difficulty finding English classes.
 - ◆ Be illiterate in their own language, or less educated, impeding their ability to learn.
 - ◆ Be too old to learn easily, particularly for the elderly, who are often isolated or ill.
 - ◆ Have learning or physical disabilities that complicate studying English.

ARGUMENT #2: “I can get by with my Spanish.”

Counter-arguments: Anywhere from 20 percent to over 40 percent of “bilingual” employees and providers tested for language proficiency fail to prove fluency. Using quality language assistance helps:

- Reduce health care disparities/increase access to health care
 - Jacobs *et al* (2004): LEP patients *with* interpreters received more preventive services, made more office visits, and had more prescriptions written and filled.
 - Hablamos Juntos (2007b): LEP patients are less likely to have a regular source of care.
 - LeSage (2006): Addressing language barriers enhances access to health care.
 - Timmins (2002): Not speaking English is associated with decreased access to care.
- Enhance quality of care
 - Flores (2005); Karliner (2007): LEP patients’ quality of care was inferior; using trained medical interpreters or bilingual providers positively affected quality of care.
 - Gerrish *et al* (2004): Using untrained interpreters adversely affected quality of care.
 - Ginsburg (2007): Of 2,002 internal medicine physicians, 92 percent agree that it is difficult to treat LEP patients without language services.
 - Green *et al* (2005): Perceived quality of interpreters influenced perceived quality of care.
 - Timmins *et al* (2002): Language barriers adversely impacted quality of care.
- Reduce errors (clinical or interpreter)
 - Cohen *et al* (2005), Flores (2006), Flores *et al*, 2003: Hablamos Juntos (2007b): Language barriers contributed to medical errors with adverse medical consequences.
 - Gany *et al* (2007): Using medical interpreters reduced errors.
- Improve patient health outcomes
 - Cohen *et al*, (2005): Language barriers increased the number of adverse medical events.
 - Divi *et al* (2007): Interpreters reduced adverse events ranging from moderate harm to death
 - Flores (2005): Using trained interpreters or bilingual providers optimized outcomes.
 - Timmins (2002): Language was a risk factor for adverse outcomes.

ARGUMENT #3: “How are we supposed to pay for that?”
Variation: “They’re taking resources away from our American patients.”

Counter-arguments

→ Quality language services can reduce the cost of services

- Bernstein *et al* (2002): Trained interpreters were associated with reduced ED return rate, increased clinic utilization, lower charges. No increase in length of stay or cost of visit.
- Graham *et al* (2008): LEP patients with professional medical interpreters were more likely to use primary care over ED, resulting in lower cost and more access to preventive care.
- Jacobs *et al* (2007): Enhanced interpreter services did not increase costs.

→ Make services affordable

- Flores (2006): U.S. Office of Management and Budget estimates it would cost \$4.04 more per visit to provide LEP patients with language services for ED, inpatient, outpatient, and dental.
- Ku (2006). Medicare can develop a viable mechanism for reimbursing language services.
- NHeLP/APIA HF (2007) How to get Medicaid pay for language services.
- Youdelman (2007): Various Medicaid/SCHIP reimbursement models for interpreters.

→ Clinical/human costs outweigh or have an impact on fiscal costs

- Ku and Flores (2005): Interpreter services reduce costs by reducing medical errors.
- Hablamos Juntos (2007): Language services undermine dangerous clinical consequences.

ARGUMENT #4: “Interpreters get in the way of direct communication.”

Counter-arguments: Trained, professional medical interpreters who adhere to a code of ethics typically enhance communication. Interpreters can:

→ Enhance patient-provider communication

- Bischoff *et al* (2008): Using an interpreter reduced gender communication barriers.
- Flores *et al* (2003): Using *trained* interpreters/ providers optimizes communication.
- Flores (2006): *Untrained*/ad hoc interpreters lack knowledge of terminology, inhibit discussions on sensitive issues and may conflict with patient wishes and priorities.
- Hablamos Juntos (2007b): LEP patients report poor understanding of diagnosis and treatment.
- Novak *et al* (2005): Patients with language barriers do not understand vital information.
- Schenker *et al* (2007): LEP patients less likely to have documented informed consent.
- Ramirez *et al*, 2008: LEP patients received less explanation/follow-up.

→ Increase patient satisfaction

- Flores (2005): Trained interpreters/providers positively affect LEP patients’ satisfaction.
- Ramirez *et al* (2008): LEP patients without interpreters were less satisfied.

ARGUMENT #5: “It’s not my problem.” (*It’s everyone’s problem!*)

Federal, State and Municipal Laws

Title VI of the Civil Right of 1964. State laws: for a 2008 summary of laws for all U.S. states by National Health Law Program, go to <http://www.healthlaw.org/library/item.174993>). Some municipal laws also exist, e.g., in New York City, Washington, D.C. and Oakland, California.

Liability: It may be helpful to quote lawsuits, such as the \$71 million out of court settlement for ONE misinterpreted Spanish word (intoxicado) that resulted in an ER patient becoming paraplegic. Start a collection of legal cases. Also, the evidence cited above shows that quality language services reduce medical errors, promote more accurate communication, support quality care, etc, all of which are relevant to liability concerns.

Examples of accreditation agencies with policies and standards that address linguistic competence:

- The Joint Commission
- The National Committee for Quality Assurance in health care
- The Liaison Committee on Medical Education
- The Accreditation Council for Graduate Medical Education Association of American Medical Colleges.

If you were a marketer, you'd be “selling” Language Services.

Hamel & Prahalad teach that here are 3 kinds of companies: Companies that try to lead customers where they don't want to go (these are companies that find the idea of being customer-led an insult); companies that listen to customers and then respond to their articulated needs (needs that are probably already being satisfied by more foresightful competitors); and companies that lead customers where they want to go, but don't know it yet.

Their triad reminds us of the old maxim that people can be divided into 3 groups:

Those who make things happen.

Those who watch things happen.

Those who wonder what happened.

from Marketing Principles & Practice, Tom Cannon, 5th ed., Cassell Publishers Limited

If you were a philosopher, you'd be “exploring the logic” of providing Language Services.

The Socratic method for thinking

1. Locate a statement confidently described as common sense.

Acting courageously involves not retreating in battle.

Being virtuous requires money.

2. Imagine for a moment that, despite the confidence of the person proposing it, the statement is false. Search for situations or contexts where the statement would not be true.

Could one ever be courageous and yet retreat in battle?

Could one ever stay firm in battle and yet not be courageous?

Could one ever have money and not be virtuous?

Could one ever have no money and be virtuous?

3. If an exception is found, the definition must be false or at least imprecise.

It is possible to be courageous and retreat. It is possible to stay firm in battle yet not be courageous.

It is possible to have money and be a crook. It is possible to be poor and virtuous.

4. The initial statement must be nuanced to take the exception into account.

Acting courageously can involve both retreat and advance in battle.

People who have money can be described as virtuous only if they have acquired it in a virtuous way, and some people with no money can be virtuous when they have lived through situations where it was impossible to be virtuous and make money.

5. If one subsequently finds exceptions to the improved statements, the process should be repeated. The truth, in so far as a human being is able to attain such a thing, lies in a statement which it seems impossible to disprove. It is by finding out what something is not that one comes closest to understanding what it is.

6. The product of thought is, whatever Aristophanes insinuated, superior to the product of intuition.

from The Consolations of Philosophy, Alain de Botton, 2000, Vintage Books

As a leader, you are “influencing” people who make decisions about Language Services at every level, from the CEO to front-line workers.

Are you working somewhere in the middle of your organization? You may not be a follower at the lowest level of the organization, but you're not the top dog either – yet you still want to lead, to make things happen, to make a contribution... What's the secret? You learn to develop your influence from wherever you are in the organization by becoming a 360-Degree Leader. You learn to lead up, lead across, and lead down... Only 360-Degree Leaders influence people at every level of the organization... 99% of all leadership occurs not from the top but from the middle of an organization.

from The 360° Leader: Developing Your Influence from Anywhere in the Organization, John C. Maxwell, 2005